

## MATTERS ARISING

### Syndromic management of genital ulcer disease—a critical appraisal

The letter by Kumar on syndromic management is fascinating.<sup>1</sup> The WHO Technical Report Series 810, Geneva 1991 described the syndromic approach for the treatment of different sexually transmitted diseases in developing countries. In India, although there are more than 500 STD clinics, only 42 are functioning properly with adequate records of cases. Follow up of patients must always be based on records and hence follow up in most clinics in India is not possible.

With the advocacy of the syndromic approach to treatment of genital ulcer disease and discharge, cases are diagnosed on the basis of flow charts, without laboratory aid and are treated accordingly. This results in the provision of less information about HIV positive cases among unregistered patients. This will become a big social problem because HIV positive cases remain unrecorded and become a source for the propagation of infection.

We would strongly recommend that the WHO make it mandatory that there should be proper record keeping and follow up of cases treated with the syndromic approach that have either genital ulcer disease or urethral discharge.

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1 Kumar B, Handa S, Dawn G. Syndromic management of genital ulcer disease—a critical appraisal. *Genitourin Med* 1995;71:197.

### Should screening of genital infections be part of antenatal care in areas of high HIV prevalence?

The study by Leroy and colleagues<sup>1</sup> provides further evidence of the association between the presence of sexually transmitted diseases (STDs) and human immunodeficiency virus type-1 (HIV), supporting other previously published evidence of such an association,<sup>2,3</sup> while a recent study by Grosskurth and colleagues has demonstrated how improved care-management of STDs will prevent transmission of HIV.<sup>4</sup> Evidence of this association also exists in the province of Masvingo in southern Zimbabwe. During

1994 the clinic attendance rate of patients with STD symptoms in the predominantly rural provincial population was 187 per 1000 population aged 15–59 years. An HIV sero-surveillance survey, conducted by Masvingo Provincial Medical Director's Department during the same year indicated a positivity rate amongst rural STD patients of 53.2% (n = 79, 95% confidence limits 42.2%–62.2%), while the overall positivity rate amongst rural antenatal clinic attenders was 18.1% (n = 282, 95% confidence limits 13.5%–22.7%). In Masvingo town, the provincial capital (population 52,000, 4.2% of the provincial total population), the 1994 clinic attendance rate of patients with STD symptoms was 413 per 1000 population aged 15–59 years. The HIV sero-surveillance survey carried out at one of the town's clinics indicated a positivity rate among STD patients of 75.4% (n = 191, 95% confidence limits 69.2%–81.6%) while the positivity rate amongst the antenatal clinic attenders was 35.2% (n = 293, 95% confidence limits 29.6%–40.8%).

The clinic attendance rate of patients with STD symptoms has actually declined since 1991, both in Masvingo town and in the province as a whole. The decline has also occurred in clinic attenders with STD symptoms as a proportion of all new clinic attenders aged more than 5 years, again both in Masvingo town (from 44.7% to 33.0%) and in the province (from 12.9% to 6.1%). This might suggest that for whatever reason, a behavioural change is now taking place in this area of southern Africa. Intervention efforts to change behaviour have recently been associated with a fall in the prevalence of HIV-1 in young males in rural Uganda.<sup>5</sup> Further surveys of HIV prevalence rates are planned in Masvingo province and in time should provide valuable information regarding the spread of this particular STD. None the less, effective STD case management is obviously an important aspect of any HIV prevention strategy. Resources need therefore to be directed towards ensuring that all sexually active members of any population are able to access effective and acceptable STD care services.

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- 1 Leroy V, De Clercq A, Ladner J, Bogaerts J, Van de Perre P, Dabis F. Should screening of genital infections be part of antenatal care in areas of high HIV prevalence? A prospective cohort study from Kigali, Rwanda, 1992–93. *Genitourin Med* 1995;71:207–11.
- 2 Newell J, Senkoro K, Mosha F, et al. A population-based study of syphilis and sexually transmitted disease syndromes in north-western Tanzania. 2 Risk factors and health seeking behaviour. *Genitourin Med* 1993;69:421–6.
- 3 Laga M, Alary M, Nzili N, Manoka AT, et al. Condom promotion, STD treatment leading to a declining incidence of HIV-1 infection in female Zairean sex workers. *Lancet* 1994;344:246–8.
- 4 Grosskurth H, Mosha F, Todd J, et al. Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomised controlled trial. *Lancet* 1995;346:530–6.
- 5 Mulder D, Nunn A, Kamali A, Kengeya-Kayondo J. Decreasing HIV-1 seroprevalence in young adults in a rural Ugandan cohort. *BMJ* 1995;311:833–6.

## BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express) stating card number, expiry date, and full name.

**Contraception Today.** By J GUILLEBAUD. London: Martin Dunitz. (£9.95) ISBN 1-85317-250-2

A reduction in the number of unwanted pregnancies and the incidence of sexually transmitted diseases are key objectives in strategic documents such as the *Health of the Nation* (UK). Traditionally in the domain of separate disciplines, these issues are inextricably linked.

A significant proportion of female GUM clinic clients may be using no contraception or using it inadequately. The chosen method has implications for the risk of genital infection and its side-effects may complicate the presented symptomatology. Current training programmes acknowledge that genitourinary physicians and family planning doctors have much to offer each others' speciality.

*Contraception Today* makes a valuable contribution to the education of all workers in the field of sexual health. Subtitled *A Pocketbook for General Practitioners* it is packed with information of value and interest to those in GU medicine at any stage in their careers.

The author, Professor John Guillebaud is Medical Director of the Margaret Pyke Centre for Study and Training in Family Planning, London. He has lectured extensively at home and abroad and enjoys an international reputation as an academic, a practitioner and teacher. His book demonstrates considerable clinical experience and critical scientific appraisal.

Each chapter discusses a different method of contraception with its risks and benefits, side effects, practicalities of use and management of problems. Other aspects of sexual health, particularly STDs, accompany the central theme of contraception. It is heartening to read the advice that—“no opportunity should be missed to advise sexually active women of all ages about how they may minimise their risk of infection from sexually transmitted diseases”. Barrier methods and education in their correct use are highly valued for their role in STD prevention. The text is thoroughly up-to-date and presented in a lucid accessible style. Coloured insets are used liberally to highlight key information. Clear, simple diagrams of management guidelines make it an excellent reference for day-to-day problems.

Much space is given to the combined oral contraceptive which continues to be attacked by the popular press thus generating concern among users. Of particular use